

EXHIBIT "I"

Celotex Property Damage Claims Handling Manual ©

To provide a reference source for
Celotex Property Damage Claims Facility Claims Staff
for handling claims

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Property Damage Claims Administrator

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of this document, contact:

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Director of Claims
Celotex Property Damage Claims Facility

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Subject Listing

Continued

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General Contents

01	General Contents
02	Preface
03	Flow Charts
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Preface

The purpose of the Celotex PD Claims Handling Manual is to provide prompt and efficient determination of claims submitted by claimants in accordance with the Celotex Asbestos Property Damage Claims Resolution Procedures ("APDCRP").

The Property Damage Claims Administrator (the "APDCA") was appointed by the Bankruptcy Court, as part of the Celotex Plan of Reorganization, to implement and administer the Property Damage Claims resolution process in compliance with the APDCRP. To that end, the PDCA established the Celotex Property Damage Claims Facility (the "PD Facility"). The PD Facility is charged with the task of processing the PD Claims in a cost effective manner to preserve the Trust's assets for payment of Claims.

The goal of the APDCRP is to provide for fair and equitable resolution valid Claims, taking into account the basic principles and laws of the tort system and the resources available to the Trust. The APDCRP are designed to provide a low transaction cost method of effectuating the resolution of Claims. As such, the APDCRP shall not constitute an admission against interest by any Claimant in any litigation or other disputed proceedings.

The APDCRP may be interpreted by the PDCA only where an ambiguity exists. The interpretation shall be consistent with the purpose set forth herein, including providing payment in a cost-effective, reasonable method. The PDCA shall consider duties imposed in the future on Claimants by applicable law or regulation in order to insure that there is no inequity, unfairness, or unjust enrichment resulting from the implementation of these APDCRP.

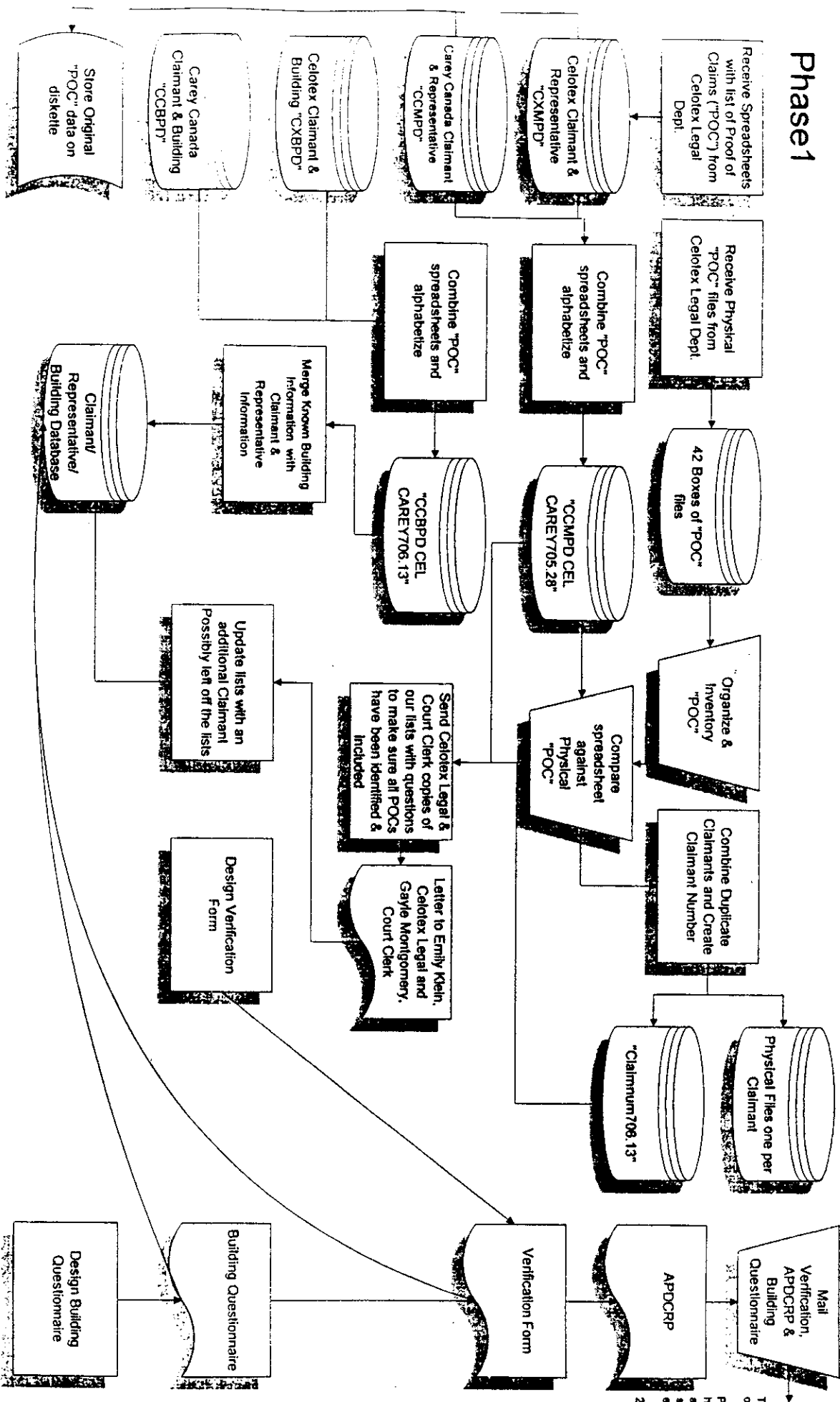
Claimants may, but need not, be represented by counsel when making a Claim under these APDCRP.

All Asbestos Property Damage Claims shall be submitted on the Claim Form on or before January 29, 1999, and shall include the documentation (as set forth in Paragraph IV.D. of the APDCRP) required to substantiate the Claim.

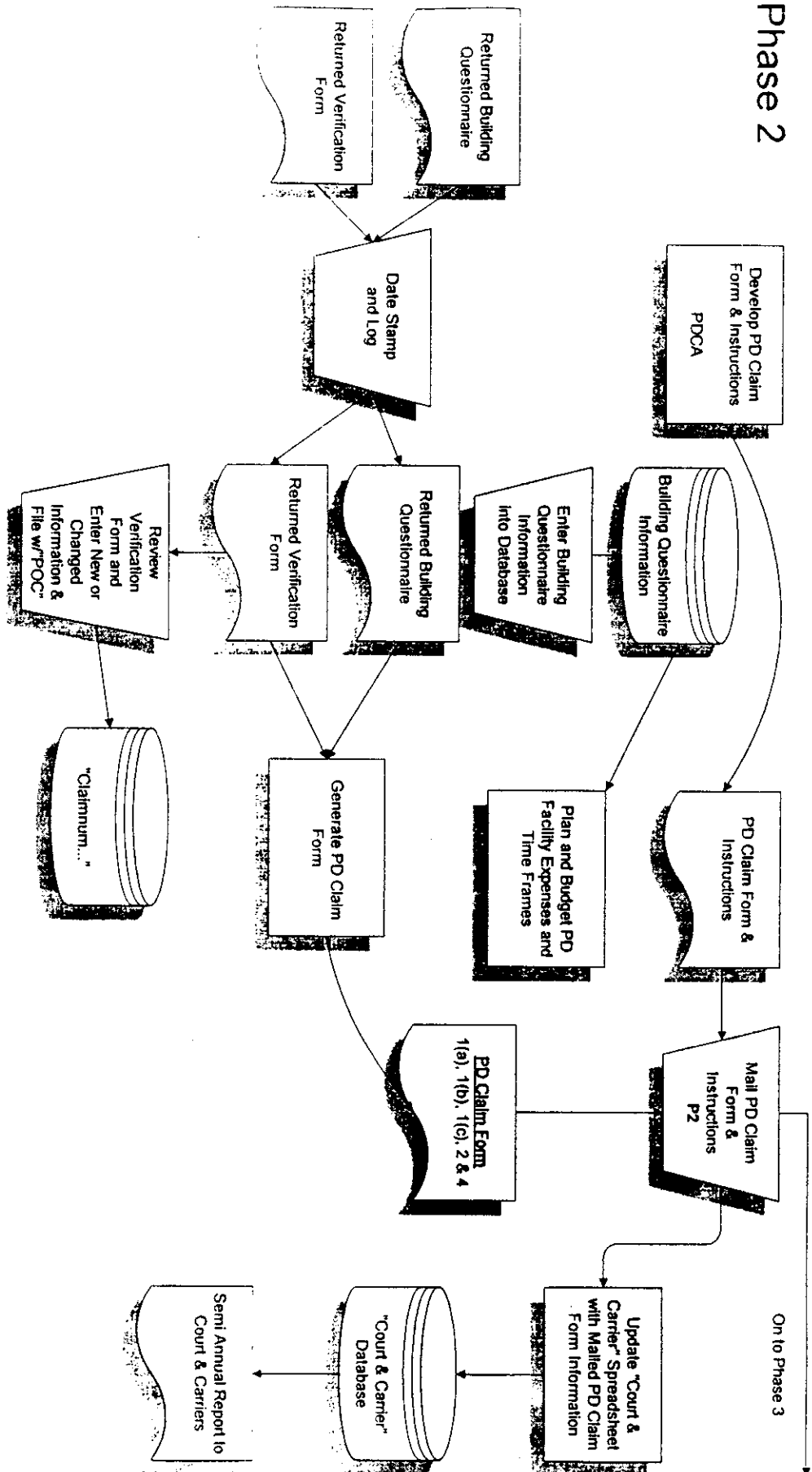
The Property Damage Facility may establish additional procedures designed to reduce administrative costs, which do not prejudice the Claimants' substantive rights. The Property Damage Facility also may establish guidelines to prevent abuse of the Property Damage Facility's objective of providing for cost-effective and reasonable methods of Abatement which do not prejudice the Claimants' substantive rights and which are not inconsistent with the APDCRP. The Property Damage Facility may negotiate and compromise Claims in the best interests of the Category 1 and Category 2 Claims pursuant to these APDCRP.

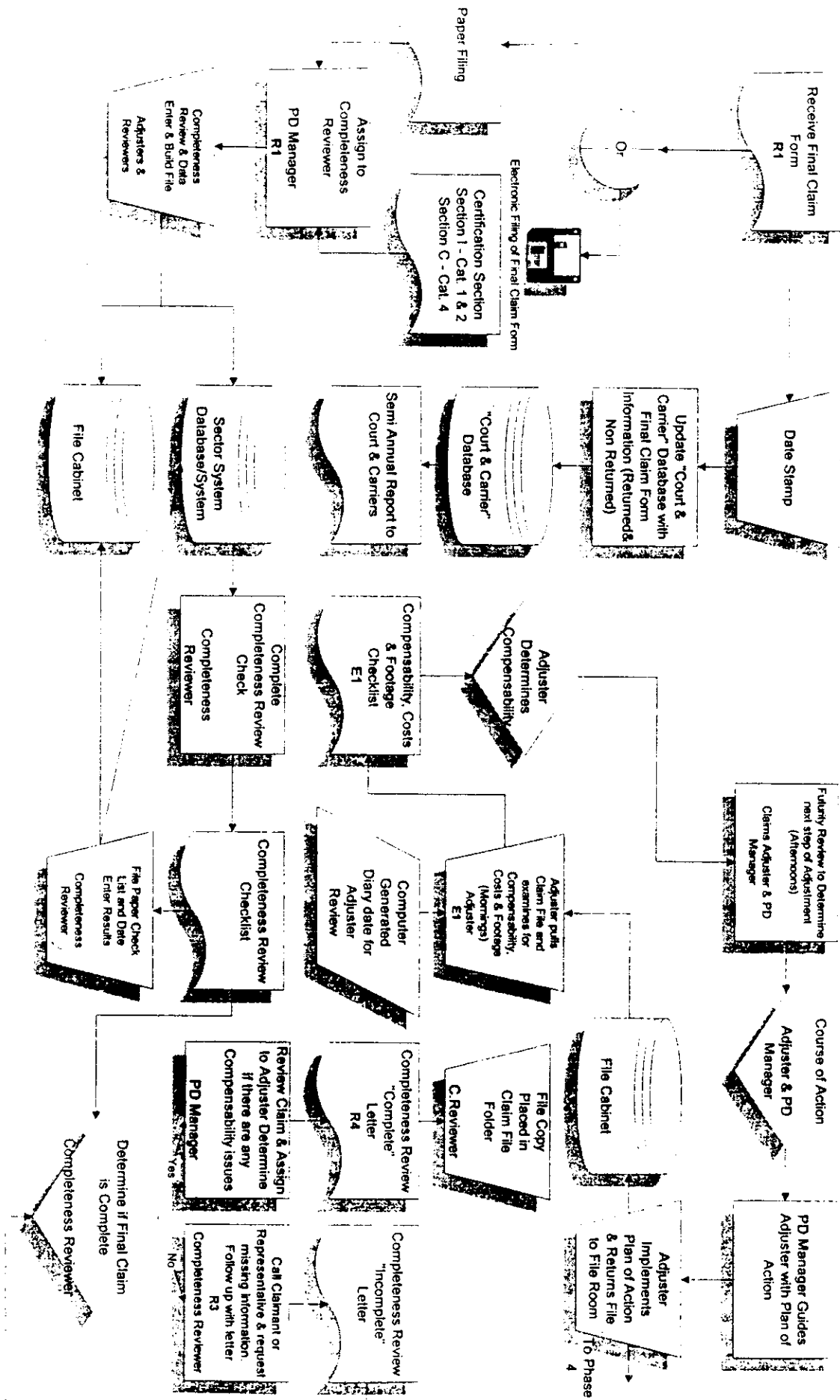
To the extent that Claims, as a part of a voluntary procedure, have not already been liquidated during these Reorganization Cases, or are not in the process of being liquidated, the PDCA shall use the these procedures to process all Claims as quickly as practicable after the Effective Date. Claims shall be processed in the following Order: Category 1(a), Category 1(b), Category 1(c), Category 2, Category 3, and Category 4.

Phase 1

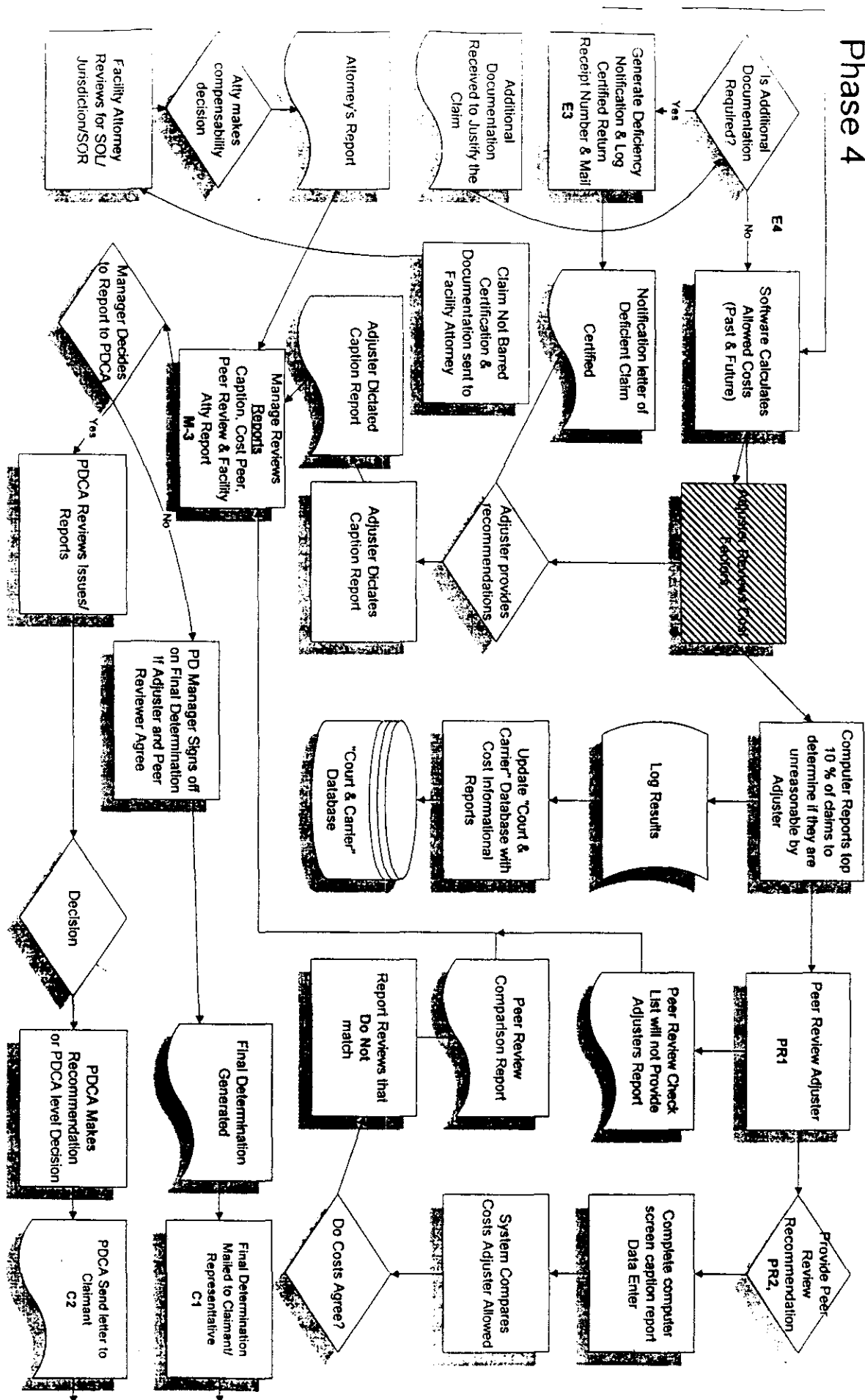


Phase 2

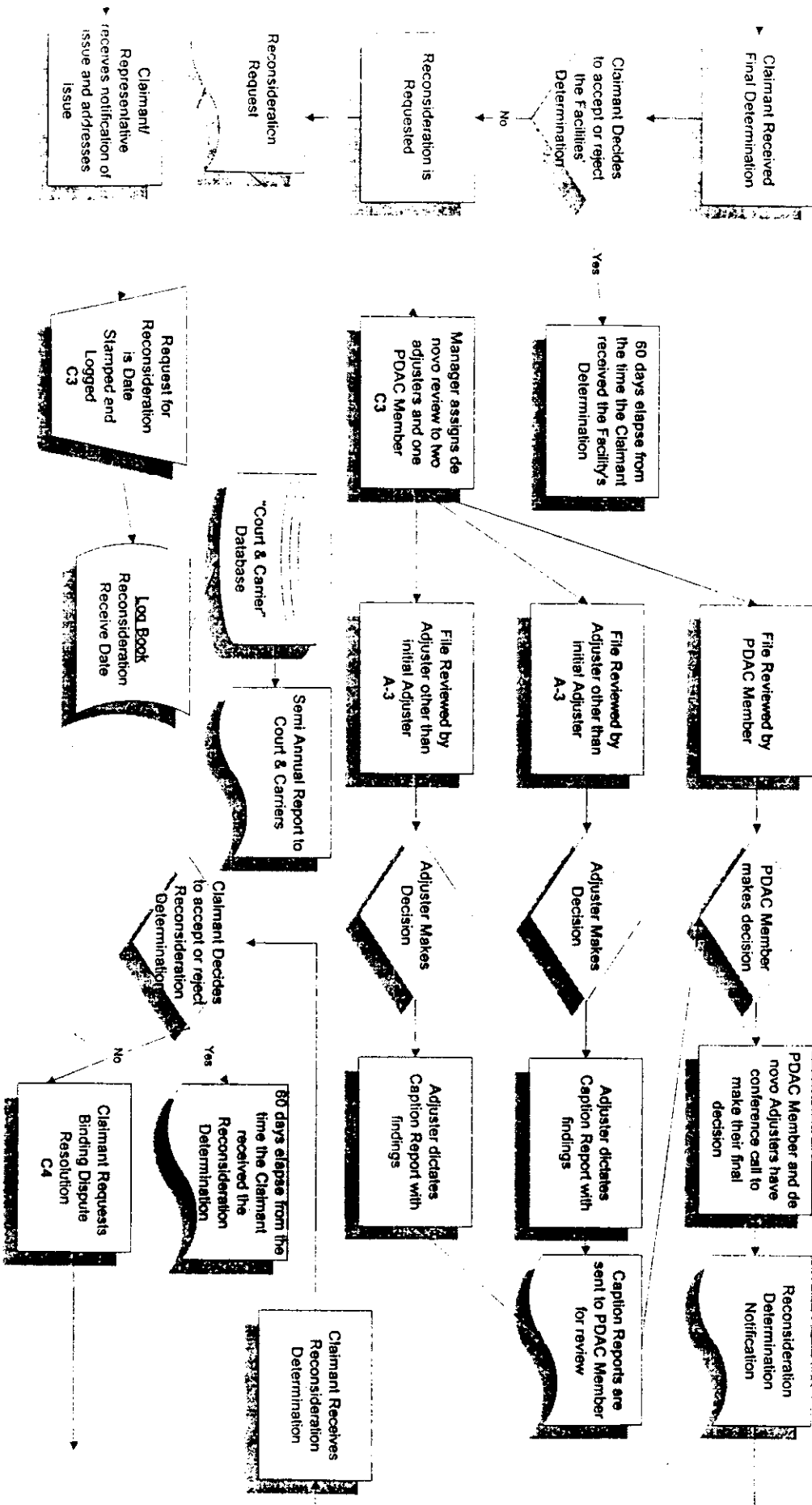




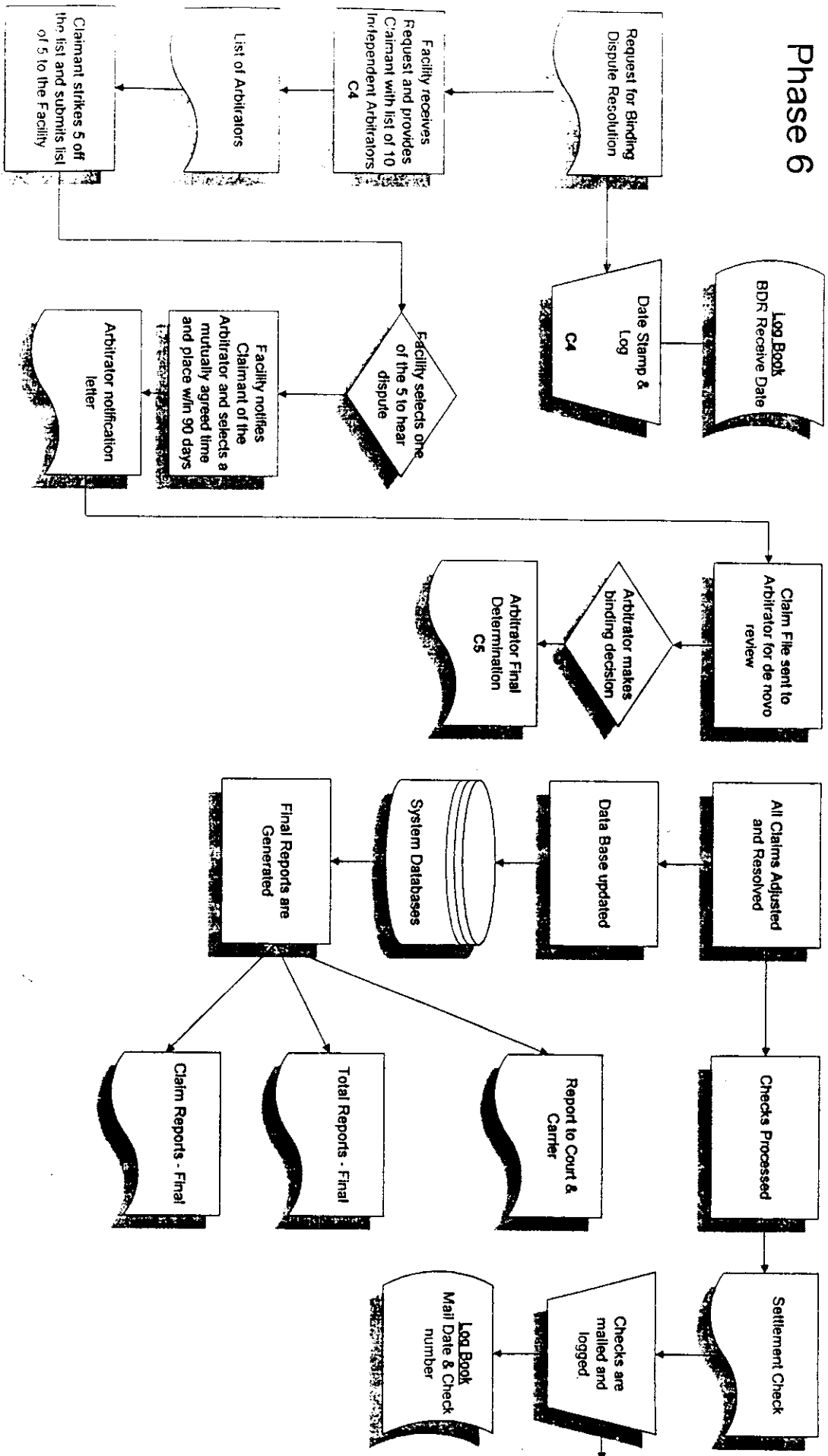
Phase 4



Phase 5



Phase 6



Building the Claim File

STEPS TO FILE BUILDING AND REVIEW

Building the Physical File

File should be date stamped and hole punched (setting at 8 ½) to build the claim file.

Category 1 – Yellow Folder

Category 2 – Red Folder

Category 4 – Green Folder

- A complete claim form, Section A – I, should be placed on top with all supporting documentation behind the claim form.
- Claimant diskette should be placed on top to indicate that the electronic claim form has not been copied to our system.
- New claims are directed to Property Damage Claims Director ("PD CD") or Supervisor to be entered into CAMS.

COMPLETENESS REVIEW

Completeness Review Contents

- 01 Completeness Review Contents
- 02 Completeness Review Introduction
- 03 Completeness Review Checklist – Categories 1&2
- 04 Completeness Review Checklist – Category 4
- 05 Acknowledgement – Complete
- 06 Acknowledgement – Deficient
- 07 Extracting Claim Information – Categories 1&2
- 08 Importing Claims Information – Categories 1&2
- 09 Extracting Claim Information – Category 4
- 10 Importing Claims Information – Category 4

Completeness Review Introduction

The purpose of the completeness review is to prescreen the submitted claim forms and documentation to determine if the information is complete. The review is not focused on the quality of the information, but on whether or not the claim is complete.

Copy Claim Form Diskette

If the claim form has been provided on diskette, please perform the following steps. If not, please go to next step.

- Open Explorer – Insert claimant diskette in A drive
- Go To A drive – Highlight all files and click the COPY button.
- Go To TSI on NgcOnt (T:) – A – Celotex / 100 – Claimant Files. Open the corresponding Claimant Folder. Create a Claim Folder; go to File / New / select 'Folder' / name the folder using the Claim Number. Open the claim folder and click on the PASTE button.
- Verify the file naming convention. For Extraction purposes, the file naming must be exact. If necessary, rename the individual files as follows;

Category 1 & 2

01.SectionA
02.SectionB
03.SectionC1
04.SectionC2
05.Index C
06.SectionD1
07.SectionD2
08.SectionE1
09.SectionE2
10.SectionF1
11.SectionF2
12.SectionG
13.SectionHPast
14.SectionHFuture
15.SectionI

Category 4

01 Section A
02 Section B1
03 Section B2
04 Index B
05 Section C

- Sections D-1 and D-2 of Category 1 & 2 should be grouped together by Abatement Projects, and require a folder within the claim folder. Repeat the steps above for creating a new folder named '07.SectionD2a'. Additional Abatement Projects should be designated by the last character 'b, c, d, ect.' Highlight Sections D1 and D2, Click on CUT, open new folder, and click on PASTE.
- Claim form diskette should now be placed to the very back of the claim file.

Creating an Electronic File

If the Claimant does not submit an electronic claim form, you must create one.

- Create a Claim Form Folder as instructed above. Copy all sections of the claim form template from your work folder to the new Claim Form Folder. The naming convention should be correct. If not, discuss this with PDCD or Supervisor.
- Open each section of the claim form and enter the claim information as it appears on the paper claim form. Be careful to follow the requirements of the Completeness Review Checklist.

Completeness Review Checklist

The completeness review is structured around the completeness review checklist. A completeness review check list will be added to the claim file when the file is built.

Completeness Review Process

Follow the guidelines outlined in the Completeness Review Checklist.

- 1) Check the list of assigned claims and pull the file folders that will be worked that day. Do not pull more files than can be worked that day.
- 2) For each claimant, check the Proof of Claim ("POC") file for a POC.
- 3) Open the electronic file folder for the Claim. If there is not an electronic folder, you may create one using the MicroSoft Word Version only of the Claim Form Template located in the work folder.
- 4) Follow the Completeness Review Checklist section by section. Please note any changes and/or comments for each section. Compare each section of the Paper Claim Form with the Electronic Claim Form to confirm that all data matches. Highlight the Building Code selected by the Claimant. Label and highlight all supporting documentation listed on Index C, Sections D-1, E-1, and F-1 at the lower right hand corner.
- 5) Summarize all notes, comments, and/or changes on the last page of the checklist. Leave the last page with the review summary on top.
- 6) If everything is okay with the Claim, generate a Completeness Review Acknowledgement letter using the template located in the work folder. Send the letter by first class U.S. Mail. Then perform the claim form data extraction.
- 7) If the file does not contain all of the necessary information for evaluation, generate a Completeness Review Deficiency letter located in the work folder. Send the letter by certified U.S. Mail.
- 8) Enter all comments in CAMS including the date the file was reviewed and date the letter is sent. In Claim Status screen, pull up the appropriate claim. Be sure to review all previous comments. If any of the top fields are blank, please try to complete. Review the Post Mark Date, Date Received, Representative, and P.O.C. fields for accuracy. Make any necessary corrections. Enter the Date Reviewed in the appropriate field. Enter the date a letter was sent (Additional Documentation or Completeness Letter). Enter review comments. If a deficiency letter is mailed out, diary the file for 60 days, and file back. Once the requested documentation is received, update the Date Reviewed field and comment accordingly. Once it has been determined that the claim file is complete, assign an Initial Reviewer, but do not enter a Date Assigned.
- 9) Place the Completeness Review Checklist and a copy of the letter on top of the Claim Form.
- 10) Folder can be returned to the file room.
- 11) When additional documentation is received for deficient claims, confirm that all review questions have been addressed by the Claimant and refer to item no. 6.

**Celotex Asbestos Property Damage Claim
Completeness Review Checklist
Category 1 & 2**

Review Date _____ Claim # _____
Reviewer Name _____ Claimant _____
Building _____

Has the electronic template been utilized and loaded to system? Yes ☐ No ☐

If "No", an electronic file must be created. Please copy the Claim Form Template (located in your work folder, named "Cat. 1 & 2 Claim Form") to the Claimant file and enter the data as presented on the paper Claim Form. Please observe the following two checks.

Verify the naming convention for all files once received from the Claimant.

The naming convention should be exactly identical to the scheme for mailing.

Correct? Yes ☐ N/A ☐

To alleviate any problems, make sure the Claimant did not insert " in the Claim Form. Look in all sections, especially in the Product Name and in the Building Name.

Checked ☐

Section A

Attached? Paper Yes ☐ No ☐
Electronic Yes ☐ No ☐

Was Category provided? Yes ☐ No ☐

Has Building information been completed? Yes ☐ No ☐
Is the State Code in the proper format? (TX, CA, NY, AR) Checked/Corrected ☐

Was Building Code provided? Yes ☐ No ☐

Was "23. Other" used? Yes ☐ No ☐

Does Claimant and Representative Information match the data listed in CAMS – Claimant / Representative Main File? If No, please make the necessary corrections. Yes ☐ No ☐

Section B

Attached? Paper Yes ☐ No ☐
Electronic Yes ☐ No ☐

#2 Was Original Construction Period provided? Yes ☐ No ☐

#3 Was Original Installation Period provided? Yes ☐ No ☐

#4 Was Celotex Product Name provided? Yes ☐ No ☐

#5 Was Celotex Product Function provided? Yes ☐ No ☐

#6 Was Locations within the Building where Celotex ACM Product was installed provided?

Yes ☐ No ☐

If "Yes", was an Installation Surface chosen?

Yes ☐No ☐

Was a SF/LF identified for the chosen Installation Surface?

Yes ☐No ☐

SF/LF _____

Section C-1

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

#1 Rep. Claimant in Celotex Insurance Adversary? Yes ☐ No ☐#2 Was Celotex Product Name provided? Yes ☐ No ☐#3 Was Celotex Product Function provided? Yes ☐ No ☐

#4 Evidence of Product Identification
At least one of the follow support documents (or Other) is required
 Constituent Analysis? ☐
 Affidavit? ☐
 Documentation? ☐
 Judicially Determined? ☐

#5 Is Other PID given? Yes ☐ No ☐#6 Bulk Sample Analysis Evidence? Yes ☐ No ☐#7 Evidence of Proof of Quantity attached? Yes ☐ No ☐#8 Constituent Analysis? Yes ☐ No ☐#9 Pre-Existing Claimant? Yes ☐ No ☐#10 Certification not Time Barred Yes ☐ No ☐**Section C-2**

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

#2 d Is Other specified? Yes ☐ No ☐#3 Are Discovery Date Information provided? Yes ☐ No ☐#4 Are Types of Responsive Information given? Yes ☐ No ☐#5 Smith & Kanzler? Yes ☐ No ☐**Index C**

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

Have the supporting Documents listed been provided? Yes ☐ No ☐

Comments: _____

Section D-1 (one per Abatement Project)

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

Has the year(s) of this Abatement Project been provided?

Yes ☐ No ☐ N/A ☐

Have the supporting Documents listed been provided?

Yes ☐ No ☐ N/A ☐

Section D-2

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

Is page number and total pages (page 1 of 1) provided and correct?

If not, please fill in.

Checked/Corrected ☐

#1 Has year(s) of Abatement project been provided?
 Yes ☐ Date: 19 _____ through 19 _____
 No ☐
 N/A ☐ (Claimant has yet to abate ACM) – Skip to Section F

#2 Has "Scope of Work" been answered?

Yes ☐ No ☐

#3 Has locations been provided?

Yes ☐ No ☐

#4 Has the summary of this abatement project for Celotex ACM been provided?

Yes ☐ No ☐

#5 Are the Cost Documentation Worksheets attached?

Yes ☐ No ☐

Section E-1 (one per Abatement Project)

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

Have the supporting Documents listed been provided?

Yes ☐ No ☐ N/A ☐

Section E-2

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

#1 Has year(s) of Survey, O & M, or Other been provided?
 Yes ☐ Date: 19 _____ through 19 _____
 No ☐
 N/A ☐ (Claimant has yet to abate ACM) – Skip to Section F-2

#2 Has "Scope of Past Non-Abatement Work" been answered?

Yes ☐ No ☐

#3 Has locations been provided?

Yes ☐ No ☐

#4 Has the summary of Past Non-Abatement Cost for Celotex ACM been provided?

Yes ☐ No ☐

#5 Are the Cost Documentation Worksheets attached?

Yes ☐ No ☐

Section F-1

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

Have the supporting Documents listed been provided?

Yes ☐ No ☐ N/A ☐

Section F-2

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

#1 Has year(s) of Future Non-Abatement project been provided?
 Yes ☐ Date: 19 _____ through 19 _____
 No ☐
 N/A ☐

#2 Has "Scope of Future Non-Abatement Work" been answered?

Yes ☐ No ☐

#3 Has locations been provided?

Yes ☐

No ☐

#4 Has the summary of this Future Non-Abatement project for Celotex ACM been provided?

Yes ☐

No ☐

#5 Are the Cost Documentation Worksheets attached?

Yes ☐

No ☐

Section G

Attached?

Paper

Yes ☐

No ☐

Electronic

Yes ☐

No ☐

#1 Has the quantity of Celotex ACM in square footage of lineal footage been provided?

Yes ☐

No ☐

#2 Has the recap of the Total Claimed Costs for this claim based on Abatement Activity, Non-Abatement Activity and Claimed Cost Components been provided?

Yes ☐

No ☐

N/A ☐

Section H (Past)

Attached?

Paper

Yes ☐

No ☐

Electronic

Yes ☐

No ☐

Claimant select Cost Model?

Yes ☐ No ☐ N/A ☐

#1 Answered? Yes ☐ No ☐

#2 Answered? Yes ☐ No ☐

If necessary, is Attachment HP2 provided? Yes ☐ No ☐

#3 Answered? Yes ☐ No ☐

If necessary, is Attachment HP3 provided? Yes ☐ No ☐

#4 Answered? Yes ☐ No ☐

#5 Answered? Yes ☐ No ☐

If necessary, is Attachment HP5 provided? Yes ☐ No ☐

#6 Answered? Yes ☐ No ☐

#7 Answered? Yes ☐ No ☐

If necessary, is Attachment HP7 provided? Yes ☐ No ☐

#8 Answered? Yes ☐ No ☐

If necessary, is Attachment HP8 provided? Yes ☐ No ☐

#9 Answered? Yes ☐ No ☐

If necessary, is Attachment HP9 provided? Yes ☐ No ☐

#10 Answered? Yes ☐ No ☐

If necessary, is Attachment HP10 provided? Yes ☐ No ☐

#11 Answered? Yes ☐ No ☐

If necessary, is Attachment HP11 provided? Yes ☐ No ☐

#12 Answered? Yes ☐ No ☐

Section H (Future)

Attached? Paper Yes ☐ No ☐
Electronic Yes ☐ No ☐

If the Claim is for Future Cost, is Attachment HF 13 provided? Yes ☐ No ☐
(Reason for Deficiency)

#1 Answered? Yes ☐ No ☐

#2 Answered? Yes ☐ No ☐

If necessary, is Attachment HF2 provided? Yes ☐ No ☐

#3 Answered? Yes ☐ No ☐

If necessary, is Attachment HF3 provided? Yes ☐ No ☐

#4 Answered? Yes ☐ No ☐

#5 Answered? Yes ☐ No ☐

If necessary, is Attachment HF5 provided? Yes ☐ No ☐

#6 Answered? Yes ☐ No ☐

#7 Answered? Yes ☐ No ☐

If necessary, is Attachment HF7 provided? Yes ☐ No ☐

#8 Answered? Yes ☐ No ☐

If necessary, is Attachment HF8 provided? Yes ☐ No ☐

#9 Answered? Yes ☐ No ☐

If necessary, is Attachment HF9 provided? Yes ☐ No ☐

#10 Answered? Yes ☐ No ☐

If necessary, is Attachment HF10 provided? Yes ☐ No ☐

#11 Answered? Yes ☐ No ☐

If necessary, is Attachment HF11 provided? Yes ☐ No ☐

#12 Answered? Yes ☐ No ☐

COMPLETENESS REVIEW SUMMARY

Section I

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

Has a copy of Proof of Claim been attached? Yes ☐ No ☐
(If missing, report to Harry or David)

Signed and notarized? Yes ☐ No ☐

Additional Documentation and Comments

Has the hard copy and the software been compared? Yes ☐ No ☐ N/A ☐

Are there any discrepancies? Yes ☐ No ☐

If so, which? _____

Did the Completeness Reviewer make any changes in the electronic files? Yes ☐ No ☐

If so, which? _____

Does PD Facility require additional information from Claimant? Yes ☐ No ☐

Date Requested _____

Information Requested _____

☐ CAMS NOTES

☐ LETTER

☐ EXTRACTIONS

For Deficiency Letter route through Harry or David

**Celotex Asbestos Property Damage Claim
Completeness Review Checklist
Category 4**

Review Date _____ Claim # _____
Reviewer Name _____ Claimant _____
Building _____

Has the electronic template been utilized?

Yes ☐ No ☐

If "No", an electronic file must be created. Please copy the Claim Form Template to the Claimant file and enter the data as presented on the paper Claim Form. Please observe the following two checks.

Verify the naming convention for all files once received from the Claimant.

The naming convention should be exactly identical to the scheme for mailing.
Correct?

Yes ☐ N/A ☐

To alleviate any problems, make sure the Claimant did not insert " in the Claim Form. Look in all sections, especially in the Product Name and in the Building Name.

Checked ☐

Section A

Attached? Paper Yes ☐ No ☐
Electronic Yes ☐ No ☐

Has Claimant Representative information been completed? Yes ☐ No ☐

Has Claimant information been completed? Yes ☐ No ☐

Has Certifying Attorney information been completed? Yes ☐ No ☐

Has Applicable Jurisdiction been provided? Yes ☐ No ☐

Does Claimant and Representative Information match the data listed in CAMS – Claimant / Representative Main File? If No, please make the necessary corrections. Yes ☐ No ☐

Section B - 1

Attached? Paper Yes ☐ No ☐
Electronic Yes ☐ No ☐

Has the Claim Number been provided in the proper format? Yes ☐ No ☐

#1 Has Building information been completed? Yes ☐ No ☐

Is the State Code in the proper format? (TX, CA, NY, AR)

#2 Has a Building Code been selected? Yes ☐ No ☐

Was "23. Other" used? Yes ☐ No ☐

#3 Was Original Construction Period provided? Yes ☐ No ☐

#4 Was Original Installation Period provided? Yes ☐ No ☐

#5 Has Product Location been provided? Yes ☐ No ☐

Have footage amounts been provided? Yes ☐ No ☐

Section B-2

Attached? Paper Yes ☐ No ☐
Electronic Yes ☐ No ☐

#2 d Is Other specified? Yes ☐ No ☐

#3 Are Discovery Date Information provided? Yes ☐ No ☐

#4 Are Types of Responsive Information given? Yes ☐ No ☐

#5 Was any TSI identified as the product of another specific manufacturer? Yes ☐ No ☐

index B

Attached? Paper Yes ☐ No ☐
Electronic Yes ☐ No ☐

Have the supporting Documents listed been provided? Yes ☐ No ☐

At least one of each of the follow support documents is required.

Time-Barred Affidavit Yes ☐ No ☐

Installation date Yes ☐ No ☐

Location of Principal ACM in Building Yes ☐ No ☐

Quantity of Principal ACM Abated Yes ☐ No ☐

Quantity of Principal ACM Unabated Yes ☐ No ☐

Asbestos Plan Yes ☐ No ☐

Bulk Sample Analysis Yes ☐ No ☐

Asbestos Hazard Info., Corrective Action Info., Discovery Date Support
Yes ☐ No ☐

Comments: _____

Figure 1

COMPLETENESS REVIEW SUMMARY

Section C

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

Has a copy of Proof of Claim been attached? Yes ☐ No ☐
If POC is missing, see Harry or David

Signed and Notarized? Yes ☐ No ☐

Additional Documentation and Comments

Has the hard copy and the software been compared? Yes ☐ No ☐ N/A ☐

Are there any discrepancies? Yes ☐ No ☐

If so, which? _____

Did the Completeness Reviewer make any changes in the electronic files? Yes ☐ No ☐

If so, which? _____

Does PD Facility require additional information from Claimant? Yes ☐ No ☐
Please route Deficiency Letter through Harry or David.

Date Requested _____

Information Requested _____

☐ CAMS NOTES

☐ LETTER

☐ EXTRACTIONS

Acknowledgement Letter – Complete

The Acknowledgement Letter – Complete is sent to the Claimant Representative once the file has been determined to be complete. This could be after the initial review or once a completeness deficiency has been resolved.

The Completeness Reviewer indicates in the letter who the analyst will be. Depending upon caseload size and staffing the manner in which the claims are assigned will vary. Please contact your Claims Manager to determine the current assignment procedure.

This letter does not need to be sent certified.

Completeness Review Letter

The Completeness Review folder in your Work Folder contains a Deficiency Letter template and a Completeness Review Acknowledgement letter. Copy the appropriate template to the Claim Form Folder and complete the letter noting the applicable deficiency as necessary. Print the letter and make a photocopy for the paper file. Run all deficiencies through the Claims Director or Supervising Analyst. If a deficiency letter is mailed out, diary the file for 60 days, and file back.

The Procedures state that the claimant shall have 60 days in order to submit any requested documentation. In order to start the clock, and keep track, we must send all deficiency letter by certified mail.

- We will send multiple deficiency letters for one representative as a group under one Certified Number. Please reference this number at the top of each letter included in the package (ie. VIA CERTIFIED MAIL #-----). **Be sure to not the claim number on the green card.**
- We have created a form titled "Claim Form Diary", located in your Work Folders. Please list your name, date, and certified number, and log all claims that receive a deficiency under this specific certified number.
- Please have the mail out prepared by 4:30 pm so that we may get them to the Post Office in time to be date stamped.
- Give your Diary sheet to David to be logged for a due date.
- A photocopy of the Diary with the Receipt for Certified Mail should be placed in each claim file.

Celotex Property Damage Claims Facility

2608 Eastland Ave. Suite 202
P.O. Box 8605
GREENVILLE, TEXAS 75404-8605
TELEPHONE - 903/454-3925
FACSIMILE - 903/455-4375

Date

Claimant Representative
Title
Firm Name
Representative Address
City, State Zip

Re: Claimant Name :
Claim Number :
Category Claimed :
Building Name :

Dear Claimant Representative:

This letter is to confirm that we have received your Celotex Asbestos Settlement Trust Claim Form. Your file has been assigned to **Initial Reviewer**, Claims Analyst, for review. As the Claims Analyst handling your file, **she/he** will review the claim form and documentation to determine if your claim is compensable under the Celotex Asbestos Property Damage Claims Resolution Procedures.

The Claims Analyst may request clarification of supporting documentation, and/or additional documentation in support of your claim. Once the adjuster's review is complete, we will inform you of the Allowed Costs of your claim. Please note, your settlement check(s) will be calculated based on the Allowed Costs of your claim and the then-current Payment Percentage.

Please feel free to contact us at 1-800-650-4749 should you have any questions or comments.

Sincerely yours,

Name
Completeness Reviewer

**Acknowledgement Letter – Deficient
Cat 1 & 2**

The Acknowledgement Letter – Deficient is sent to the Claimant Representative once all file deficiencies have been determined. File deficiencies may vary from data missing on the Claim Form to documentation not included with the Claim Form to the absence of an original signature and/or notary stamp on the Certification Form.

Celotex Property Damage Claims Facility

2608 Eastland Ave. Suite 202
P.O. Box 8605
GREENVILLE, TEXAS 75404-8605
TELEPHONE - 903/454-3925
FACSIMILE - 903/455-4375

Date

Claimant Representative
Title
Firm Name
Representative Address
City, State Zip

Re: Claimant Name :
Claim Number :
Category Claimed :
Building Name :

Dear Claimant Representative:

This letter is to confirm that we have received your Celotex Asbestos Settlement Trust Claim Form. In reviewing your claim form, we have found it does not provide sufficient documentation required under the Celotex Asbestos Property Damage Claims Resolution Procedures ("APDCRP"). Your file will be assigned to a Claims Analyst for review when the PD Facility receives the requested documentation and/or claim information listed below.

Paragraph IV.B.1 and IV.D.1 of the Asbestos Property Damage Claims Resolution Procedures ("APDCRP") require a Claimant to submit documentation sufficient to constitute Reasonable Evidence (i) that the ACM for which the Claim is submitted is Celotex ACM, (ii) of compensable injury and damages, and (iii) to support a legally viable Cause of Action. We found one or more of the indicated requirements missing from the evidence you submitted in support of your claim:

_____ Section ____ of the Celotex Property Damage Claim Form is missing. Please complete and return the enclosed Section _____.

_____ Question # ____ of Section _____ was not answered. Please do so at this time.

_____ Product Installation Date was not provide. Please provide the time period in which the Installation of the Celotex ACM occurred for which this PD Claim is filed.

_____ Location within the building where Celotex ACM Product was installed is not provided.

_____ If the Claimant elects to use the Cost Model to establish its claim for Total Allowed Cost for Past Removal Activity, completion of Section D-1 and the Supporting Worksheets is not required to determine the Total Amount of Past Removal Costs that are part of the Net Abatement Costs. **However, completion of D-2 Questions 1-4, except for the dollar (\$\$) amounts, is required** for each abatement project, and should be totaled for all Abatement Projects that include Removal in Line 4, Column A of Section G.

_____ Section I - Claim Form Certification was not signed and/or notarized. Please do so at this time.

**CELOTEX PROPERTY DAMAGE
CLAIMS FACILITY**

2716 Lee Street, Suite 500
Greenville, TX 75401-4107

OFFICE - (903) 454-3700
FAX - (903) 453-2169

W. D. Hilton, Jr.
Property Damage Claims Administrator
Direct Dial # (903) 453-2161

Mailing Address:
P.O. Box 1299
Greenville, TX 75403-1299

Date

Claimant Representative
Title
Firm Name
Representative Address
City, State Zip

Re: Claimant Name :
Claim Number :
Category Claimed :
Building Name :

Dear Claimant Representative:

This will confirm that the above referenced file has been assigned to me for initial review. I have begun the review process, and have a question concerning Product Identification ('PID').

In review of the claim file, I have found that a Material Approval has been submitted as the sole document in support of PID for **Acousti-Celotex Perforated Mineral Fiber Tile, Type M-1** manufactured by **Celotex**. We contend that, though Material Approval is listed as one of the types of documentation acceptable to support PID in accordance with the Asbestos Property Damage Claims Resolution Procedures ("APDCRP"), a material approval alone does not confirm that the product claimed was actually installed in the building for which the claim is made. It is our experience that it is not uncommon for contractors to submit change orders and use a product other than the product specified on the material approval. Paragraph IV.D.1.(c) states that PID may be established in the following manner:

Reasonable Evidence that ACM that is the subject of the Claim is Celotex Canada ACM, which the PDCA may confirm by any method and which confirmation shall be at the expense of the Claimant. Identification of Celotex ACM may be established by any of the following, among others:

- (i) constituent analysis of representative bulk sample(s) showing that the ACM that is the subject of the Claim is Celotex ACM;
- (ii) a sworn affidavit of an individual with personal knowledge that Celotex ACM was used in the building or structure for which the Claim is made, setting forth the individual's conclusion that Celotex or Carey Canada is the designer, miner, manufacturer, supplier, distributor or seller of the ACM and the factual basis for that conclusion;
- (iii) documentation evidencing that Celotex ACM was used in the building or structure for which the Claim is made including, without limitation, sales invoices; purchase orders; architectural specifications and records; bid documents; contracts and subcontracts; change orders; material approvals; maintenance, repair and renovation records; complaints to contractors; installation

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**Mailing Address:
P.O. Box 1299
Greenville, TX 75403-1299**

Date

Claimant Representative
Title
Firm Name
Representative Address
City, State Zip

Re: Claimant Name :
Claim Number :
Category Claimed :
Building Name :

Dear Claimant Representative:

This will confirm that the above referenced file has been assigned to me for initial review. I have begun the review process, and have a question with regard to the quantity of ACM claimed.

The Celotex Asbestos Settlement Trust Claim Form submitted is for Past Abatement Costs only. The Claimant has elected to use the Cost Model to calculate the cost of past removal activity. Paragraph IV.D.1.d.(i) of the Asbestos Property Damage Claims Resolution Procedures (the "APDCRP") states that;

Reasonable Evidence supporting a Claim for Abatement Costs include a copy of a report from a Qualified Person or Asbestos Coordinator describing the type, location and quantity of ACM, and scope of Abatement which was performed;

Section G – Claim Summary of the claim form shows that **1,910 SF of ceiling tile** has been removed. However, the claim does not include a report of a Qualified Person in support of the quantity claimed.

Please review this information, and provide the report of a qualified person upon which you based the **square footage** of ACM removed for which Past Abatement Costs are claimed. This request is made in accordance with Paragraph IV.E.2. of the APDCRP. Your prompt response will allow for the resumption of processing of this claim. Feel free to contact me at 1-800-650-4749 if you have any questions and/or concerns.

Sincerely,

Initial Reviewer
Claims Analyst

**CELOTEX PROPERTY DAMAGE
CLAIMS FACILITY**

**2716 Lee Street, Suite 500
Greenville, TX 75401-4107**

**OFFICE – (903) 454-3700
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**W. D. Hilton, Jr.
Property Damage Claims Administrator
Direct Dial # (903) 453-2161**

**Mailing Address:
P.O. Box 1299
Greenville, TX 75403-1299**

Date

Claimant Representative
Title
Firm Name
Representative Address
City, State Zip

Re: Claimant Name :
Claim Number :
Category Claimed :
Building Name :

Dear Claimant Representative:

This will confirm that the above referenced file has been assigned to me for initial review. I have begun the review process, and have come across a matter which has caused some confusion and request clarification.

Constituent analysis reports which use the terms "consistent with...", "equivalent to ...", or "same composition as..." must be clarified to be considered sufficient product identification ("PID"). We must know with a greater degree of certainty that the lab can positively identify the product as a **Celotex** product.

We can not pay a PID claim unless the approved laboratory can identify the product as being one manufactured by **Celotex**. We will accept that clarification to establish PID if the lab can now certify that the samples indicated a **Celotex** product. It is our understanding that the terms used which lack specificity often indicated that of all the known formulas, the sample was the product listed. With an understanding of the universe of known formulas used in the comparison, this deficiency can, most likely, be cured.

Enclosed is a copy of the report in question for your review. This request is made in accordance with Paragraph IV.E.2. of the APDCRP. Your prompt response will allow for the resumption of processing of this claim. Feel free to contact me at 1-800-650-4749 if you have any questions and/or concerns.

Sincerely,

Initial Reviewer
Claims Analyst

The Asbestos Property Damage Claims Resolution Procedures ("APDCRP") require that copies of all presently-existing bulk sample analysis results and/or records thereof showing that abated material contained asbestos be submitted. If the material abated in **1991** was handled as an asbestos abatement, it is the PD Facility's opinion that bulk samples were most likely collected and analyzed supporting your position that the material abated did in fact contain asbestos. Please submit any and all bulk sample results for samples collected from the abated material prior to abatement.

Without this information and documentation, the PD Facility can only confirm PID for ***the 14,717 SF*** of material remaining in place for which bulk samples were collected and analyzed. Please review and provide the requested documentation. This request is made in accordance with Paragraph IV.E.2. of the APDCRP. Your prompt response will allow for the resumption of processing of this claim. Feel free to contact me at 1-800-650-4749 if you have any questions and/or concerns.

Sincerely,

Initial Reviewer
Claims Analyst

**CELOTEX PROPERTY DAMAGE
CLAIMS FACILITY**

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Greenville, TX 75401-4107**

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Direct Dial # (903) 453-2161**

**Mailing Address:
P.O. Box 1299
Greenville, TX 75403-1299**

Date

Claimant Representative
Title
Firm Name
Representative Address
City, State Zip

Re: Claimant Name :
Claim Number :
Category Claimed :
Building Name :

Dear Claimant Representative:

This will confirm that the above referenced file has been assigned to me for initial review. I have begun the review process, and have a question concerning the bulk sample analysis and the quantity claimed.

The claim has been made for ***both Past and Future Abatement Costs for Panola General Hospital*** containing a total of ***17,853 SF of Monokote-3 fireproofing*** manufactured by ***W.R. Grace***. The claim form states that an abatement project was performed in ***1991*** removing ***3,136 SF*** from the ***basement and first floor***, leaving ***14,717 SF*** of product in place. However, product identification ("PID") for the product claimed is established by constituent analysis of a bulk sample(s) collected in ***1996***. This is ***five*** years after the ***1991*** abatement project.

Document C-005 is a consultant's report prepared by Kenneth L. Pigg of Construction Inspectors, Inc., and was submitted in support that the material claimed is a single homogeneous area and that the samples used for constituent analysis are representative of the quantity claimed. In this document, Mr. Pigg states that based on his review of various documents he has determined that the samples analyzed are representative of a homogeneous area of 17,853 SF. Mr. Pigg also states that the quantity claimed is a homogeneous area "as shown in the location information attached hereto." However, review of the attached diagram finds that it also includes the quantity of ACM that is the basis for claim number 347-6101-002. The location diagram does not differentiate between the two separate homogeneous areas. Mr. Pigg's report was prepared in 1998, seven years after the abatement project. Please provide the specific details and/or an index of the documents reviewed by Mr. Pigg, and the factual basis upon which he based his determination that the material removed is indeed homogeneous with the material remaining in place.

records; advertisements; insurance claims; supplier records; documents from discovery in lawsuits; and Celotex or Carey Canada records. For this purpose, a specification without some additional substantiating proof that Celotex ACM was used shall not sustain a Claim; or

(iv) A prior judicial determination or stipulation entered into by Celotex that the ACM that is the subject of the Claim is Celotex ACM.

Please review this information, and provide additional documentation to support PID for the product claimed. This request is made in accordance with paragraph IV.E.2. of the APDCRP. Your prompt response will allow for the resumption of processing of the claim. Feel free to contact me at 1-800-650-4749 if you have any questions and / or concerns.

Sincerely,

Initial Reviewer
Claims Analyst

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CLAIMS FACILITY**

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**Mailing Address:
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Greenville, TX 75403-1299**

Date

Claimant Representative
Title
Firm Name
Representative Address
City, State Zip

Re: Claimant Name :
Claim Number :
Category Claimed :
Building Name :

Dear Claimant Representative:

This will confirm that the above referenced file has been assigned to me for initial review. I have begun the review process, and have a question concerning the bulk sample analysis and the quantity claimed.

Document **C-002 is a Color Schedule for Kentile VAT** that indicates that **seven** different colors of floor tile are present in the building for which the claim is made. The bulk sample analysis results submitted indicate that bulk samples were collected from the **black** floor tile only. Paragraph IV.D.1.(b) of the Asbestos Property Damage Claims Resolutions Procedures ("APDCRP") requires:

(b) Copies of all presently-existing bulk sample analysis results and/or records thereof showing that abated material contained asbestos. The bulk sample analysis technique must be polarized light microscopy or another generally acceptable method, including those acceptable to the United States Environmental Protection Agency. A minimum of one sample from each Homogeneous Area for which Abatement Costs are claimed must have been analyzed;

A homogenous area shall mean and refer to a section of ACM within one installation phase of a building that appears uniform in color, texture and appearance. In order to properly evaluate the quantity claimed, the Claimant must analyze a minimum of one bulk sample from each color of floor tile remaining in place. It has been our experience that, though different color floor tiles may have been produced by the same manufacturer, all colors of floor tile do not necessarily contain a uniform level of asbestos. Please provide bulk sample analysis reports for each homogeneous area(s) for which abatement costs are claimed.

Without this information and documentation, the PD Facility can only confirm PID for *the 14,717 SF* of material for which bulk samples were analyzed and found to contain asbestos at a level greater than 1% by weight. This request is made in accordance with Paragraph IV.E.2. of the APDCRP. Your prompt response will allow for the resumption of processing of the claim. Please feel free to contact me at 1-800-650-4749 should you have any questions or comments.

Sincerely yours,

Initial Reviewer
Claims Analyst

**PEER
REVIEW**

Peer Review Contents

- 01 Peer Review Contents
- 02 Peer Review Introduction
- 03 Peer Review Checklist – Categories 1&2
- 05 Peer Review Checklist – Category 4
- 06 Product Identification
- 07 Asbestos Containing Material
- 08 Quantity of Asbestos Containing Material
- 09 Installation Date
- 10 Statute of Limitations or Repose
- 11 Notice of Determination

Peer Review Introduction

The purpose of the peer review is to confirm that a Claim is an Allowed Claim as defined by the Third Amended and Restated Asbestos Property Damage Claims Resolution Procedures ("APDCRP"). An Allowed Claim is defined as any Claim allowed for payment under the terms of these APDCRP. An Allowed Claim shall be, and be deemed to be, a judgment against the Trust (as successor for all purposes to the liabilities of Celotex and Carey Canada in respect of Asbestos Claims), in the Allowed Amount of such Claim without regard for the Payment Percentage applicable thereto.

The Peer Review is independent of the initial review, but follows the same steps and guidelines. As such, the Peer Reviewer must also confirm the following in order for a Claim to be considered allowable:

- The ACM for which the Claim is submitted is Celotex ACM
- Compensable injury and damages.
- A legally viable cause of action

Upon receipt of a Claim Form, the Property Damage Facility shall review the Claim Form to determine whether the necessary documentation (as set forth in Paragraph IV.D.) has been submitted. If additional documentation is required in order to evaluate the Claim, the Property Damage Facility shall notify the Claimant in writing. However, all contact with the Claimant must be channeled through the Initial Reviewer. All file deficiencies noted by the Peer Reviewer should be discussed with both the PD Claims Director and the Initial Reviewer. A course of action should be formulated to be carried out by the Initial Reviewer.

Peer Review Checklist

Steps of Peer Review

Follow the Peer Review Check List, this will lead you through the Celotex Asbestos Settlement Trust Claim Form. Once completed, ask yourself the following questions:

- Is the Asbestos Containing Material ("ACM") for which the Claim is submitted Celotex ACM, or contain Carey Canadian asbestos fiber?
- Has the Claimant shown a compensable injury?
- Has the Claimant shown a legally viable cause of action?
- Has the Claimant provided documentation in support of location, type, and quantity of ACM and the installation date thereof?
- Has the Claimant provided bulk sample analysis results confirming that the product claimed contains more than 1% asbestos by weight? What type of asbestos? At what level? Is the sample that was analyzed representative of the quantity claimed?
- Has the Claimant provided Reasonable Evidence that the ACM that is the subject of the Claim is Celotex Canada ACM? Constituent analysis? Sworn affidavit? Documentation? Judicial determination or stipulation?
- Has the Claimant supported costs claimed? Past and/or Future? Has the Claimant selected additional cost modifiers? Are these costs above and beyond the normal abatement costs associated with this type of building?
- Concerning CC Fiber, has the Claimant completed the link of raw asbestos fiber from the mine to the plant to the building?

Whenever a question is in doubt, refer to the Asbestos Property Damage Claims Resolution Procedures ("APDCRP"), or feel free to speak with either the Property Damage Claims Director or the Supervising Analyst. If it is determined that the Claimant has not provided sufficient documentation to answer each of these questions in an affirmative manner, the Claimant must be notified in writing of the file deficiencies. All file deficiencies should be addressed as well. However, all contact with the Claimant must be channeled through the Initial Reviewer. All file deficiencies noted by the Peer Reviewer should be discussed with both the PD Claims Director and the Initial Reviewer. A course of action should be formulated to be carried out by the Initial Reviewer. We have a set of form letters that address common file deficiencies. Please refer to these letters, we want to be sure that we all address common issues in a uniform manner. However, each claim file is unique and individual and your letter may need to be tailored accordingly.

All file review comments should be entered in CAMS. Peer review comments must include all information pertinent to the procedures and claim form including but not limited to: building code, installation period, product name, product function, product manufacturer, cc fiber?, form of PID, laboratory that performed the analysis, number of bulk samples collected and analyzed, type and level of asbestos, quantity of ACM, type of costs claimed, and any additional information relevant to the claim. This should include any and all file deficiencies and or concerns the reviewer may have.

Peer Review Checklist – Categories 1&2

**Celotex Asbestos Property Damage Claim
Peer Review Checklist
Category 1 & 2**

Review Date _____ Claim # _____
 Reviewer Name _____ Claimant _____
 Building _____

Has the electronic template been utilized? Yes ☐ No ☐

Section A

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

Was Category provided? Yes ☐ No ☐ _____

Was Building Code provided? Yes ☐ No ☐ _____

Was "23. Other" used? Yes ☐ No ☐

Comments: _____

Section B

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

#2 Was Original Construction Period provided? Yes ☐ No ☐
 Date : mm _____ 19 _____ to mm _____ 19 _____

#3 Was Original Installation Period provided? Yes ☐ No ☐
 Date : mm _____ 19 _____ to mm _____ 19 _____

#4 Was Celotex Product Name provided? Yes ☐ No ☐ _____

#5 Was Celotex Product Function provided? Yes ☐ No ☐ _____

#6 Was Locations within the Building where Celotex ACM Product was installed provided?

Yes ☐ No ☐ _____

If "Yes", was an Installation Surface chosen?

Yes ☐ No ☐ _____

Was a SF/LF identified for the chosen Installation Surface?

Yes ☐ No ☐ SF/LF _____

Comments: _____

Section C-1

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

#1 Representative Claimant in Celotex Insurance Adversary? Yes ☐ No ☐

#2 Was Celotex Product Name provided? Yes ☐ No ☐

#3 Was Celotex Product Function provided? Yes ☐ No ☐

#4 Evidence of Product Identification

Constituent Analysis? ☐

Affidavit? ☐

Documentation? ☐

Judicially Determined? ☐

#5 Is Other PID given? Yes ☐ No ☐

#6 Bulk Sample Analysis Evidence? Yes ☐ No ☐

#7 Evidence of Proof of Quantity attached? Yes ☐ No ☐

#8 Constituent Analysis? Yes ☐ No ☐

#9 Pre-Existing Claimant? Yes ☐ No ☐

#10 Was it certified? Yes ☐ No ☐

Comments: _____

Section C-2

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

#2 d Is Other specified? Yes ☐ No ☐

#3 Are Discovery Date Information provided? Yes ☐ No ☐

#4 Are Types of Responsive Information given? Yes ☐ No ☐

#5 Smith & Kanzler? Yes ☐ No ☐

Comments: _____

Index C

Attached? Paper Yes ☐ No ☐
 Electronic Yes ☐ No ☐

Have the supporting Documents listed been provided? Yes ☐ No ☐

Has an abatement job been performed? If "No", skip to Section E

Yes ☐ No ☐**Section D-1** (one per Abatement Project)

Attached?

Paper

Yes ☐No ☐

Electronic

Yes ☐No ☐

Has the year(s) of this Abatement Project been provided?

Yes ☐No ☐

Abatement Date _____

Have the supporting Documents listed been provided?

Yes ☐No ☐**Worksheet Information:*****Be sure cost documentation is sufficient to support costs claimed.***

Name of Contractor? _____

Total Contract Amount \$ _____

Total Payments to Contractor: \$ _____

Total Costs applicable to ACSTM \$ _____

Pro-rated costs applicable to ACSTM \$ _____

Consultant Fees \$ _____

Pro-rated costs to consultant this claim: \$ _____

Miscellaneous Fees: \$ _____

Pro-rated misc. Fees this claim \$ _____

Grand Total of Costs Applicable to This Abatement: \$ _____

Comments: _____
